

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for prisoners to sue for civil rights violations. NEATLY print in ink (or type) your answers.]

LLOYD LICHTI #142530  
[You are the PLAINTIFF, print your full name on this line.]

v.  
DR. THOMAS RYAN,

[The DEFENDANT is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

Scanned at WCF and Emailed  
on 6/6/23 by MB 30 pages  
(date) (initials) (num)

3:23-cv-580

Case Number \_\_\_\_\_

[For a new case in this court, leave blank.  
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

## PRISONER COMPLAINT

#	Defendant's Name and Job Title	Work Address
1	[Put the defendant named in the caption in this box.] <u>DR. THOMAS RYAN</u>	<u>FRANCISCAN HEALTH</u> <u>301 WEST HOMER STREET</u> <u>MICHIGAN CITY, IND. 46360</u>
2	[Put the names of any other defendants in these boxes.]	
3		

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and work address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? \_\_\_\_\_

2. What is the name and address of your prison or jail? WESTVILLE CORRECTIONAL FACILITY  
5501 SOUTH 1100 WEST, WESTVILLE, IN. 46391

3. Did the event you are suing about happen there? ☐ Yes. ☒ No, it happened at: FRANCISCAN HEALTH IN MICHIGAN CITY, IND.

4. On what date did this event occur? AUG. 10TH, 2021 THRU AUG. 13TH, 2021 & DEC. 8, 2021

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

**DO NOT:** Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how each defendant violated your rights.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

**DO NOT:** Include social security numbers, dates of birth, or the names of minors.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. ON AUG. 10, 2021 I WAS INCARCERATED AT INDIANA  
STATE PRISON. WHILE SHOWERING, I STEPPED ON A MATT  
WHICH SLIDE OUT FROM UNDER ME AND CAUSED ME TO FALL.  
AN X-RAY SHOWED I HAD A BROKEN FEMUR IN MY LEFT  
LEG. I WAS TAKEN TO FRANCISCAN HOSPITAL IN MICHIGAN  
CITY, IN AND OPERATED ON BY SURGEON DR. THOMAS RYAN  
ON AUG 13, 2021. HE INSERTED A METAL ROD IN MY FEMUR  
WITH A SCREW AT THE BOTTOM AND ANOTHER SCREW AT THE  
TOP. LATER, AFTER THE SURGERY, DR. RYAN CAME TO MY  
HOSPITAL ROOM AND TOLD ME THE SURGERY ONLY TOOK HIM  
SEVEN (7) MINUTES AND THAT HIS BEST WAS FIVE (5)  
MINUTES. DURING MY REHABILITATIVE EXERCISES AND  
WALKING, THE TOP SCREW MOVED INWARD AND DESTROYED MY  
HIP JOINT BALL AND SOCKET. A SECOND SURGERY DONE  
BY THE SAME SURGEON, DR. THOMAS RYAN, REQUIRED A  
COMPLETE HIP REPLACEMENT BUT HE MADE MY LEFT  
LEG LONGER THAN MY RIGHT LEG AND I HAVE CONSTANT  
LOWER BACK AND LEFT KNEE PAIN. MY SECOND  
SURGERY TOOK PLACE ON DEC. 8, 2021.



5. When did this event happen?

- ☐ Before I was confined.
- ☐ While I was confined awaiting trial.
- ☒ After I was convicted while confined serving the sentence.
- ☐ Other: \_\_\_\_\_

6. Have you ever sued anyone for this exact same event?

- ☒ No.
- ☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

7. Could you have used a prison grievance system to complain about this event?

- ☒ No, this event is not grievable at this prison or jail.
- ☐ Yes, I filed a grievance and attached is a copy of the response from the final step.
- ☐ Yes, this event was grievable, but I did not file a grievance because \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

8. If you win this case, what do you want the court to order the defendant(s) to do?

[NOTE: A case filed on this form will not overturn your conviction or change your release date.]

ENTER A DECLARATORY JUDGMENT IN PLAINTIFFS FAVOR AND AGAINST DEFENDANT.

ORDER DEFENDANT TO PAY PLAINTIFF COMPENSATORY DAMAGES OF \$800,000.00.

ORDER DEFENDANT TO PAY PLAINTIFF PUNITIVE DAMAGES OF \$800,000.00.

GRANT ANY OTHER RELIEF THIS HONORABLE COURT DEEMS APPROPRIATE.

GRANT PLAINTIFF ALL LEGAL FEES AND ATTORNEYS COMPENSATION

[Initial Each Statement]

- SS I will pre-pay the filing fee OR file a prisoner motion to proceed in forma pauperis.
- SS I will keep a copy of this complaint for my records.
- SS I will promptly notify the court of any change of address.
- SS I WILL NOT send more than one copy of any filing to the court.
- SS I WILL NOT send summons, USM-285, or waiver forms to the clerk.
- SS I declare under penalty of perjury that the statements in this complaint are true.

I placed this complaint in the prison mail system on 6/6/2023 at 9:00 am/pm.

[Do not fill in this date and time until you give the complaint to prison officials to send to the court.]

Signature

Lloyd Smith

Prisoner Number

142530

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